

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2	/						52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7	/						57							
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		/					62							
13		/					63							
14		/					64							
15		/					65							
16	/						66							
17		/					67							
18		/					68							
19		/					69							
20		/					70							
21		/					71							
22		/					72							
23		/					73							
24		/					74							
25	/						75							
26		/					76							
27		/					77							
28		/					78							
29		/					79							
30		/					80							
31		30					81							
32	/						82							
33		1					83							
34		2					84							
35		2					85							
36	/						86							
37		/					87							
38		/					88							
39	/						89							
40		/					90							
41	/						91							
42		/					92							
43		/					93							
44		/					94							
45		/					95							
46		/					96							
47		/					97							
48		/					98							
49							99							
50							100							
TOTAL IND.	9						TOTAL IND.							
TOTAL DEP.	69						TOTAL DEP.							
TOTAL CLAIMS	78						TOTAL CLAIMS							